

order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 571
Registered No. 571

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. Warrior Canon Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child George Lamar Doolittle { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth Dec. 10 - 1929
Month Day Year

8. FATHER Full name Herbert Allen Doolittle 14. MOTHER Full maiden name Lola Potter

9. Residence (Usual place of abode) Miami, Arizona. 15. Residence (Usual place of abode) Miami, Arizona.
If non-resident, give place and state.

10. Color or race Cauc. 16. Color or race Cauc. 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) El Paso, Texas 18. Birthplace (city or place) Hillsboro, New Mex.
(State or country)

13. Occupation Nature of industry Cowboy 19. Occupation Nature of industry Housewife

20. Number of children of this mother first (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was born alive at 12:4 m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Byril M. Brown M.D. (Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____ Filed Dec 20 1929 Registrar

Registrar 745-1210-979